

## REVIEWS

**HANDBOOK OF FIRST AID.** By Arthur D. Belilios, M.B., B.S., Desmond K. Mulvany, M.S., F.R.C.S., Katherine F. Armstrong, S.R.N., S.C.M. (Pp. 482; figs. 195. 12s. 6d.) London: Baillière, Tindall & Cox, 1962.

THE last edition of this book was in 1955. The chapter on Shock and Resuscitation has been rewritten, and a new chapter on First Aid and Nuclear Warfare added. Other items have been revised and brought up to date.

It is an established comprehensive text book for training in first aid and is used by many organisations.

In its present edition it can be thoroughly recommended both for training and reference.

W. H. E.

**CLEFT PALATE AND SPEECH.** By Muriel E. Morley, D.Sc., F.C.S.T. Fifth Edition. (Pp. xx + 279; figs. 88. 27s. 6d.) Edinburgh and London: E. & S. Livingstone, 1962.

THIS is the fifth edition of a book published in 1945. It is written by a speech therapist of wide experience who has had the opportunity to observe, and work with surgeons, eminent in the field of cleft palate surgery.

Miss Morley surveys cleft palates from all aspects, stressing the team work of the surgeon, orthodontist, and speech therapist.

As the anatomical results continue to improve so impressively she describes the speech therapists altered role in this team.

The first four sections of her book deal with:

- Congenital Clefts of Lip and Palate
- The Normal Palate and the Palato-Pharyngeal Sphincter
- An Outline of the Development of Cleft Palate Surgery
- Problems Associated with Cleft Palate:
- Feeding, Growth and Speech

The second four sections describe the assessment of speech and treatment of defects.

She ends with thirty case histories illustrating various aspects of her text, and demonstrating that good results without speech therapy follow if operative treatment is undertaken early enough. However, speech therapy is required to help eradicate faulty speech habits which are allowed to develop before an anatomically sound result is available. The book ends with a bibliography.

This revised edition should continue to prove a useful reference book.

B. K.

**THE MANAGEMENT OF IMPAIRED FERTILITY.** By M. Moore White, M.D., F.R.C.S., F.R.C.O.G., and V. B. Green Armytage, M.D., F.R.C.P., F.R.C.S., F.R.C.O.G. (Pp. ix + 320; figs. 178. 63s.) London: Oxford University Press, 1962.

THIS is an attractive book well and copiously illustrated. It could be said that perhaps too much has been attempted within the scope of three hundred pages but the subject overlaps a great many other fields of medicine. The authors have wisely taken advantage of the help of specialists in these related fields and the accounts given of such topics as development, endocrinology, male infertility, vaginal cytology are all treated in an apparently condensed manner so that they do not outweigh the essential element of the book. This latter is a presentation of the problems and prospects in subfertility based mainly on the long experience of the authors. Therein lies its main merits. In particular all will find the discussions of tubal insufflation of great interest. The reviewer was a little disappointed that after an inconclusive paragraph on the meaning of the so-called peristaltic waves seen on the kymograph it was thereafter lightly assumed in the text that these are in fact due to tubal peristalsis. There is a useful section on gynaecography as a natural extension of the CO<sub>2</sub> gas technique.

The authors are rightly adamant that the proper and complete study of any case of impaired fertility must include hysterosalpingography and the discussion of this together with very excellent X-ray pictures is first class. Here the accumulated experience of some 12,000 hysterosalpingograms really shows up. The radiological diagnosis of genital tuberculosis is discussed and illustrated in a most instructive manner.

The opinion is strongly held that with greater care in the use of hysterosalpingograms tubal tuberculosis can be detected in its early stages, particularly with the use of fluid media which show up early dilation of the ampulla with swelling of the mucosal folds and slow spill from the fimbriae. Many good points are made about the general investigation of this condition. Emphasis is laid on the necessity of carrying out endometrial biopsy or curettage and culture at the end of the menstrual cycle to allow time for the formation of fresh tubercles to replace those lost at menstruation. This common belief may yet be proven fallacious as it is much to be doubted if tubercles could possibly form so quickly. They seem just as likely to persist in the basal endometrium from cycle to cycle.

Another lucid chapter is that on the surgery of the Fallopian tubes. Here one feels the authors are sustained by enthusiasm and optimism. Percentages are flung about with what seems to the ordinary worker in this field almost recklessness. The sources of these figures seem somewhat inaccessible. That, however, must not detract from the contribution the writers have made to this difficult subject. The newer ideas of hydrotubation in association with surgery may bring hope to some.

Throughout the book there are many throw-away items of interest, instruction and entertainment for workers in this fascinating field.

W. R. S.

**TYPHOID FEVER AND OTHER SALMONELLA INFECTIONS.** By R. L. Huckstep, M.A., M.D.(Cantab.), F.R.C.S.(Edin.), F.R.C.S.(Eng.). (Pp. 334; figs. 66. 42s.). Edinburgh and London: E. & S. Livingstone Ltd., 1962.

THIS is probably the only comprehensive book published on typhoid fever for over thirty years. The author has had enormous experience of the condition during his service in Kenya, and his book is the outcome.

To the reviewer it does not savour sufficiently of the author's personal experiences with typhoid. Rather is it an attempt to collect an enormous bibliography of the subject. As such it is of immediate value.

The mortality from typhoid perforation has always been terrifyingly high. The reasons for this are multiple and appreciable. It is courageous of the author to claim a mortality as low as 22 per cent. in twenty-three patients treated conservatively. Many would reasonably doubt the perforation.

There is inconsistency in the use of T.A.B. vaccine. It is acceptable that it is not a major factor in the prophylaxis of typhoid. If it is correct to say that "once the disease has been contracted T.A.B. appears of negligible value in affecting its subsequent course" it is hard to reconcile the justification for giving T.A.B. on the third afebrile day to prevent relapse.

The book is of value to public health workers, and will provide a modern view of the subject with comprehensive bibliography.

F. F. K.

**POCKET BOOK OF PROPRIETARY DRUGS.** By A. G. Cruikshank and C. Stewart. Second Edition. (Pp. 300. 15s.) Edinburgh and London: E. & S. Livingstone, 1962.

THIS is "Rep. mist." of the 1st edition and is once again rather weak medicine. Its only value is as an aid to identify proprietary preparations: the need for this would disappear if "approved names" were used, and it is a criticism of the pharmaceutical industry that so many proprietary names are of so little help in identifying the nature of preparations—quite at random from page 85 I took the following five consecutive names: Dermogesic, Desbutal, Descleran, Desibyl, and Desogen—this makes my point clear.

O. L. W.